

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2011

through

02

28

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

03

17

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 2 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 2 |

|   |   |
|---|---|
| D | D |
| 2 | 8 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1  | 2011                    | 1836473.19                        |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 1952334.04              |                                   |
| (c) Total Receipts (from Line 19) .....   | 115799.72               | 248014.21                         |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....      | 2068133.76              | 2084487.40                        |
| 7. Total Disbursements (from Line 31) .....   | 92814.54                | 109168.18                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                 | 1975319.22              | 1975319.22                        |
| 9. Debts and Obligations owed TO<br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed BY<br>the committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

|   |   |
|---|---|
| M | M |
| 0 | 2 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

To:

|   |   |
|---|---|
| M | M |
| 0 | 2 |

|   |   |
|---|---|
| D | D |
| 2 | 8 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 65006.51                      | 82409.71                          |
| (ii) Unitemized .....  | 14381.83                      | 19907.20                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 79388.34                      | 102316.91                         |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 79388.34                      | 102316.91                         |
| 12. Transfers From Affiliated/Other Party Committees .....   | 35000.00                      | 144200.00                         |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 1334.52                       | 1334.52                           |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 76.86                         | 162.78                            |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 115799.72                     | 248014.21                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 115799.72                     | 248014.21                         |

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS  |          | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |          |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |          |                               |                                   |
| (i) Federal Share.....   | 0.00     | 0.00                          |                                   |
| (ii) Non-Federal Share.....  | 0.00     | 0.00                          |                                   |
| (b) Other Federal Operating Expenditures.....  | 314.54   | 768.18                        |                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤                        | 314.54   | 768.18                        |                                   |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00     | 0.00                          |                                   |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 92500.00 | 108400.00                     |                                   |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00     | 0.00                          |                                   |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00     | 0.00                          |                                   |
| 26. Loan Repayments Made.....  | 0.00     | 0.00                          |                                   |
| 27. Loans Made.....  | 0.00     | 0.00                          |                                   |
| 28. Refunds of Contributions To:   |          |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00     | 0.00                          |                                   |
| (b) Political Party Committees   | 0.00     | 0.00                          |                                   |
| (c) Other Political Committees (such as PACs) .....  | 0.00     | 0.00                          |                                   |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00     | 0.00                          |                                   |
| 29. Other Disbursements.....   | 0.00     | 0.00                          |                                   |
| 30. Federal Election Activity (2 U.S.C 431(20))  |          |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)  |          |                               |                                   |
| (i) Federal Share .....  | 0.00     | 0.00                          |                                   |
| (ii) "Levin" Share .....   | 0.00     | 0.00                          |                                   |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00     | 0.00                          |                                   |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00     | 0.00                          |                                   |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 92814.54 | 109168.18                     |                                   |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 92814.54 | 109168.18                     |                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 79388.34                      | 102316.91                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 79388.34                      | 102316.91                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 314.54                        | 768.18                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 1334.52                       | 1334.52                           |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | -1019.98                      | -566.34                           |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 62

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bruce Schwartz

Mailing Address 39 Sheldon Street

City

Ardsley

State

NY

Zip Code

10502-2504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montefiore Medical Center

Occupation

Executive Vice Chair Psychiatry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: 18893653

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Todd Krass

Mailing Address 17065 South 71 Highway

City

Belton

State

MO

Zip Code

64012-4631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Research Belton Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 2 | / | 2 | 0 | 1 | 1 |

Transaction ID: 18896139

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David T Vandewater

Mailing Address 1 Burton Hills Blvd, Ste 250

City

Nashville

State

TN

Zip Code

37215-6195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ardent Health Services

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 2 | / | 2 | 0 | 1 | 1 |

Transaction ID: 18898329

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Anthony L Spezia

Mailing Address 100 Fort Sanders West Blvd

City

Knoxville

State

TN

Zip Code

37922-3353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenant Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 1

Transaction ID: 18898400

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Traci Willis

Mailing Address 304 Plaza Muchamos

City

Bernalillo

State

NM

Zip Code

87004-6628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lovelace Rehabilitation  
Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 1

Transaction ID: 18898655

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Martha Enriquez

Mailing Address P.O. Box 14001

City

Salem

State

OR

Zip Code

97309-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Salem Health

Occupation

Chief Nursing Officer and Vice Preside

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 1 1

Transaction ID: 18904968

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 62

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr Angela L Scioscia, MD

Mailing Address 200 West Arbor Drive

City

San Diego

State

CA

Zip Code

92103-9000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of California  
San Diego Med

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: 18907289

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Pamela T. Rudisill

Mailing Address 17225 Royal Court Drive

City

Davidson

State

NC

Zip Code

28036-7843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Management Associa-  
tes

Occupation

Vice President Nursing/Patient Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: 18912489

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John M Harris

Mailing Address 1551 N. Waterfront Parkway, Suite

City

Wichita

State

KS

Zip Code

67206-4467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BKD, LLP

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: 18912830

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1600.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Donna D. Poduska, MS, RN, CN

Mailing Address 2430 Merino Court

City

Fort Collins

State

CO

Zip Code

80526-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Poudre Valley Hospital

Occupation

Director of Resource Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 1

Transaction ID: 18912832

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Laura Caramanica

Mailing Address S. Virginia Lane

City

Unionville

State

CT

Zip Code

06085-1140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westchester Medical Center

Occupation

Senior Vice President, CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 1

Transaction ID: 18912833

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Linda B. Bolton

Mailing Address 8700 Beverly Blvd.

City

West Hollywood

State

CA

Zip Code

90048-1865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cedars-Sinai Medical Center

Occupation

Vice President Nursing&CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 1

Transaction ID: 18912834

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 62

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Dawn Straub

Mailing Address 5713 N 115th Circle

City

Omaha

State

NE

Zip Code

68164-1466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nebraska Medical Center

Occupation

Director, Nursing Resources &amp; Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: 18912835

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dean Schleicher

Mailing Address 6880 Bayberry Crossing

City

Owings

State

MD

Zip Code

20736-4310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Calvert Memorial Hospital

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: 18913904

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Trent Crable

Mailing Address 900 23rd Street NW

City

Washington

State

DC

Zip Code

20037-2342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
George Washington Univers-  
ity Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID: 18918601

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1350.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. David A Whitehead

Mailing Address 326 Washington Street

City

Norwich

State

CT

Zip Code

06360-2733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William W. Backus Hospita-  
l, The

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 1

Transaction ID: 18918728

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas W Huebner

Mailing Address 160 Allen Street

City

Rutland

State

VT

Zip Code

05701-4560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rutland Regional Medical  
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 1

Transaction ID: 18918730

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Wayne B Griffith, , FACHE

Mailing Address P O Box 901

City

Princeton

State

WV

Zip Code

24740-1369

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Princeton Community Hospi-  
tal

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 1

Transaction ID: 18919138

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Timothy Stack, FACHE

Mailing Address 2001 Peachtree Rd NE, 400

City

Atlanta

State

GA

Zip Code

30309-1476

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Healthcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: 18919576

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Carolyn W Caldwell

Mailing Address 19600 East 39th Street

City

Independence

State

MO

Zip Code

64057-2301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centerpoint Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 0 / 2 0 1 1

Transaction ID: 18919726

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Rose, RN, MS, NE

Mailing Address 602 Huntwick Ln

City

Tyler

State

TX

Zip Code

75703-5099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trinity Mother Frances Ho-  
spitals and C

Occupation

Sr VP/Chief Nursing Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: 18922336

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jason Carlson

Mailing Address 30 South Behl Street

City

Appleton

State

MN

Zip Code

56208-1616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Appleton Area Health Serv-  
ices

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 4 / 2 0 1 1

Transaction ID: 18923462

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Tania Daniels

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Hospital Associ-  
ation

Occupation

Vice President, Patient Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 4 / 2 0 1 1

Transaction ID: 18923464

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alan L. Goldbloom, M.D.

Mailing Address 345 North Smith Avenue

City

Saint Paul

State

MN

Zip Code

55102-2346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Children's Hospitals and  
Clinics of Mi

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 4 / 2 0 1 1

Transaction ID: 18924016

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 62

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence J Massa

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Hospital Associ-  
ationOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 4 | / | 2 | 0 | 1 | 1 |

Transaction ID: 18924021

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Terence Pladson, , M.D.

Mailing Address 1406 Sixth Avenue North

City

Saint Cloud

State

MN

Zip Code

56303-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CentraCare Health SystemOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 4 | / | 2 | 0 | 1 | 1 |

Transaction ID: 18924505

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen J. Pribyl, FACHE

Mailing Address 200 State Avenue

City

Faribault

State

MN

Zip Code

55021-6339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
District One HospitalOccupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 4 | / | 2 | 0 | 1 | 1 |

Transaction ID: 18924507

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Tim Rice

Mailing Address 49725 County 83

City

Staples

State

MN

Zip Code

56479-5280

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lakewood Health System

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 4 / 2 0 1 1

Transaction ID: 18924508

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steve M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Hampshire Hospital As-  
sociation

Occupation  
President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.84

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 4 / 2 0 1 1

Transaction ID: 18925230

Amount of Each Receipt this Period

41.51

**C.**

Full Name (Last, First, Middle Initial)

Ms. Brenda Gail Summers

Mailing Address 1351 Anthem Court

City

Charlotte

State

NC

Zip Code

28205-7981

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Greeley Company

Occupation  
Senior Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 4 / 2 0 1 1

Transaction ID: 18925231

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

641.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr Yvonne Kirk, BSN, PhD

Mailing Address 2475 East Broadway Street

City

Helena

State

MT

Zip Code

59601-4928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Peter's Hospital

Occupation

Vice President, Patient Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: 18925235

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stephen Smart, DDS

Mailing Address 318 Thompson Avenue

City

El Dorado

State

AR

Zip Code

71730-4569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center of South  
Arkansas

Occupation

Chairman of the Board

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 1

Transaction ID: 18925237

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Verena Briley-Hudson, MN, RN

Mailing Address 539 Springwood Ln

City

Bolingbrook

State

IL

Zip Code

60440-1480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Veterans Affairs Chicago  
Health Care S

Occupation

Dir, Office of Healthcare Inspections

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: 18925239

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Cheryl L. Hoying, Ph.D., RN,

Mailing Address 1241 Ashland Avenue

City

Dayton

State

OH

Zip Code

45420-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cincinnati Children's Hos-  
pital Medical

Occupation

Senior Vice President, Patient Care Se

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 1

Transaction ID: 18925240

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kathleen D. Sanford, RN, DBA

Mailing Address 2659 Syracuse Court

City

Denver

State

CO

Zip Code

80238-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catholic Health Initiati-  
ves

Occupation

CNO & Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 1

Transaction ID: 18925246

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jack Ludmir

Mailing Address 800 Spruce Street

City

Philadelphia

State

PA

Zip Code

19107-6130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennsylvania Hospital

Occupation

Chair, Obstetrics & Gynecology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 1

Transaction ID: 18925252

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Nancy A. Crawford, RHIA

Mailing Address 9050 Airline Highway

City

Baton Rouge

State

LA

Zip Code

70815-4103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Woman's Hospital

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 1

Transaction ID: 18925259

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Patricia A. Warner, MPH

Mailing Address 1500 East Medical Center Drive

City

Ann Arbor

State

MI

Zip Code

48109-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Michigan Ho-  
spitals and H

Occupation

Assoc. Director and Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 6 / 2 0 1 1

Transaction ID: 18925262

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael P. Guerin

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Sr. Vice President and Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: 18925265

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 62

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael V Sack

Mailing Address 585 Lebanon Street

City

Melrose

State

MA

Zip Code

02176-3225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hallmark Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: 18925292

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Sharon A. Gale, RN, MSN

Mailing Address 101 Cambridge Street  
220

City

Burlington

State

MA

Zip Code

01803-3766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts Organization  
of Nurse Ex

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: 18925293

Amount of Each Receipt this Period

262.50

**C.**

Full Name (Last, First, Middle Initial)

Ms. Lynn B. Nicholas, FACHE

Mailing Address Five New England Executive Park

City

Burlington

State

MA

Zip Code

01803-5010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts Hospital As-  
sociation

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: 18925294

Amount of Each Receipt this Period

1300.00

SUBTOTAL of Receipts This Page (optional) .....

2312.50

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 62

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael E. Sroczynski, Esq.

Mailing Address 681 East 5th Street  
#2

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Boston | MA    | 02127-3201 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts Hospital As-  
sociationOccupation  
Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 7 | / | 2 | 0 | 1 | 1 |

Transaction ID: 18925295

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeff M. Dye

Mailing Address 2121 Osuna Rd NE

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Albuquerque | NM    | 87113-1001 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Mexico Hospital Assoc-  
iationOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: 18962640

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Brian S Bentley

Mailing Address 1313 East 32nd Street

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Silver City | NM    | 88061-7251 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gila Regional Medical Cen-  
terOccupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: 18962641

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 62

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert A Garcia

Mailing Address P O Box 26666

City

Albuquerque

State

NM

Zip Code

87125-6666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presbyterian Healthcare  
Services

Occupation

Vice President, Regional Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: 18962642

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James H Hinton

Mailing Address P O Box 26666

City

Albuquerque

State

NM

Zip Code

87125-6666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presbyterian Healthcare  
Services

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: 18962643

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Karen Lautermilch

Mailing Address 1020A Taylor Ave

City

Seattle

State

WA

Zip Code

98109-3828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rehoboth McKinley Christi-  
an Health Car

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: 18962644

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 62

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Scott C Malaney

Mailing Address 1900 South Main Street

City

Findlay

State

OH

Zip Code

45840-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blanchard Valley Health  
System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 2 | / | 2 | 0 | 1 | 1 |

Transaction ID: 18962649

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bryan D. Hehemann

Mailing Address 25 Hunter Woods Dr

City

Oxford

State

OH

Zip Code

45056-9040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McCullough-Hyde Memorial  
Hospital

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.50

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 2 | / | 2 | 0 | 1 | 1 |

Transaction ID: 18962650

Amount of Each Receipt this Period

417.50

**C.**

Full Name (Last, First, Middle Initial)

Mr. James R. Castle

Mailing Address 815 Gatehouse Lane

City

Columbus

State

OH

Zip Code

43235-1733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Hospital Association

Occupation

President &amp; Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 2 | / | 2 | 0 | 1 | 1 |

Transaction ID: 18962651

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1917.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. R. Reed Fraley

Mailing Address 257 Clouse Lane

City

Granville

State

OH

Zip Code

43023-1428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 1

Transaction ID: 18962652

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth A. Ryan, Esq.

Mailing Address 4 Brookside Drive

City

Bordentown

State

NJ

Zip Code

08505-4439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: 18974850

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Peter L. Slavin, M.D.

Mailing Address 55 Fruit Street

City

Boston

State

MA

Zip Code

02114-2622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts General Hos-  
pital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 1

Transaction ID: 18974935

Amount of Each Receipt this Period

1125.00

**SUBTOTAL** of Receipts This Page (optional) .....

3625.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 62

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Judith C Waterston, MS

Mailing Address 150 York Street

City

Stoughton

State

MA

Zip Code

02072-1829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New England Sinai Hospital  
and Rehabil

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 2 | / | 2 | 0 | 1 | 1 |

Transaction ID: 18974936

Amount of Each Receipt this Period

375.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Al Allee

Mailing Address 319 East Josephine

City

Frederick

State

OK

Zip Code

73542-2220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Hospital and Phy-  
sician Group

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: 18974947

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Shelly Dunham

Mailing Address P O Box 489

City

Okeene

State

OK

Zip Code

73763-0489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Okeene Municipal Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: 18974949

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1125.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 62

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary W Mitchell

Mailing Address 905 South Main Street

City

Shattuck

State

OK

Zip Code

73858-9205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newman Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: 18974952

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael Nunamaker

Mailing Address 2220 West Iowa Avenue

City

Chickasha

State

OK

Zip Code

73018-2700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grady Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: 18974953

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Wayne Young

Mailing Address 1500 S Main

City

Fort Worth

State

TX

Zip Code

76104-4917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JPS Health Network

Occupation

Behavioral Health Service Line Adminis

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 8 |   | 2 | 0 | 1 | 1 |

Transaction ID: 18974956

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

1350.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Robin Henderson, PsyD

Mailing Address 2500 Northeast Neff Road

City

State

Zip Code

Bend

OR

97701-6015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Charles Medical Center  
- Bend

Occupation

Director, Behavioral Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: 18974960

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James A. Diegel, FACHE

Mailing Address 2500 NE Neff Road

City

State

Zip Code

Bend

OR

97701-6015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Charles Health System,  
Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 6 / 2 0 1 1

Transaction ID: 18974966

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard Foster, MD

Mailing Address 1000 Center Point Road

City

State

Zip Code

Columbia

SC

29210-5802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Carolina Hospital  
Association

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: 18974975

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. J. Thornton Kirby

Mailing Address 1000 Center Point Road

City

Columbia

State

SC

Zip Code

29210-5802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Carolina Hospital  
Association

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: 18974977

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Patti Smoake

Mailing Address 1000 Center Point Road

City

Columbia

State

SC

Zip Code

29210-5802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Carolina Hospital  
Association

Occupation

VP, Public Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: 18974980

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Allan Stalvey

Mailing Address 900 Gregg Street

City

Columbia

State

SC

Zip Code

29201-3913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Carolina Hospital  
Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: 18974981

Amount of Each Receipt this Period

650.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Patrick Boran

Mailing Address 3300 Oakdale Avenue North

City

Robbinsdale

State

MN

Zip Code

55422-2926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Memorial Health Care

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: 18974986

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary B. Maertens

Mailing Address 300 South Bruce Street

City

Marshall

State

MN

Zip Code

56258-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Avera Marshall Regional  
Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: 18974995

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas K Prusak

Mailing Address 523 North Third Street

City

Brainerd

State

MN

Zip Code

56401-3098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Joseph's Medical Cent-  
er

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: 18974998

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Loren Taylor

Mailing Address 3300 Oakdale Avenue North

City

Robbinsdale

State

MN

Zip Code

55422-2926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Memorial Health Care

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: 18975000

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jani M Wiebolt

Mailing Address 523 North Third Street

City

Brainerd

State

MN

Zip Code

56401-3098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Joseph's Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: 18975002

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steve Adriaanse

Mailing Address 3042 Fermanagh Drive

City

Tallahassee

State

FL

Zip Code

32309-3333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tallahassee Memorial HealthCare

Occupation

HR Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: 18977690

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 30 / 62

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul Belcher

Mailing Address Route 15 Box 241

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Associat-  
ion

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: 18977696

Amount of Each Receipt this Period

1200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William R. Bell, Jr.

Mailing Address Sacred Heart Health System  
3640 Menendez Dr.

City

Pensacola

State

FL

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sacred Heart Health System

Occupation

Sr. VP/General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: 18977697

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Cynthia Blair

Mailing Address 7935 Preservation Road

City

Tallahassee

State

FL

Zip Code

32312-6766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tallahassee Memorial Heal-  
thCare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: 18977699

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Martha DeCastro, RN, MS, CI

Mailing Address 1036 Alameda Drive

City

Tallahassee

State

FL

Zip Code

32317-9577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Associat-  
ion

Occupation

VP, Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: 18977706

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Barbara Flynn

Mailing Address 307 Park Lake Circle

City

Orlando

State

FL

Zip Code

32803-3923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Associat-  
ion

Occupation

VP, Health Info Mgmt Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: 18977712

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William A Giudice

Mailing Address 1300 Miccosukee Road

City

Tallahassee

State

FL

Zip Code

32308-5093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tallahassee Memorial Heal-  
thCare

Occupation

Chief Financial Officer and Vice Presi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: 18977715

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional) .....

1625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ralph Glatfelter

Mailing Address 7285 Heartland Circle

City

Tallahassee

State

FL

Zip Code

32312-7501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Associat-  
ion

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: 18977716

Amount of Each Receipt this Period

1800.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Hugh Greene

Mailing Address 800 Prudential Drive

City

Jacksonville

State

FL

Zip Code

32207-8202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: 18977717

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Kathy Holzer

Mailing Address 306 East College Avenue

City

Tallahassee

State

FL

Zip Code

32301-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Associat-  
ion

Occupation

Vice President, Health Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: 18977724

Amount of Each Receipt this Period

700.00

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 33 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Christine Johnson

Mailing Address 9059 Hampton Landing Dr. E

City

Jacksonville

State

FL

Zip Code

32256-4586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Medical Center So-  
uth

Occupation

Assistant Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: 18977726

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John E. Mines

Mailing Address 1991 Killarney Drive

City

Winter Park

State

FL

Zip Code

32789-3527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Associat-  
ion

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: 18977733

Amount of Each Receipt this Period

1001.00

**C.**

Full Name (Last, First, Middle Initial)

Jason Moore

Mailing Address 2112 Doral Drive

City

Tallahassee

State

FL

Zip Code

32312-3159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tallahassee Memorial Heal-  
thCare

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: 18977734

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2001.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark O'Bryant

Mailing Address 1300 Miccosukee Road

City

Tallahassee

State

FL

Zip Code

32308-5054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tallahassee Memorial Heal-  
thCare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: 18977735

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jerry Palmer

Mailing Address 307 Park Lake Circle

City

Orlando

State

FL

Zip Code

32803-3923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Associat-  
ion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: 18977737

Amount of Each Receipt this Period

545.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen A Purves, , FACHE

Mailing Address P O Box 6000

City

Ocala

State

FL

Zip Code

34478-6000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Munroe Regional Medical  
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: 18977738

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2545.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Rich Rasmussen

Mailing Address 405 El Destinado Drive

City

Tallahassee

State

FL

Zip Code

32301-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Associat-  
ion

Occupation

VP for Strategic Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: 18977739

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kathy A. Reep

Mailing Address 19 W. New Hampshire

City

Orlando

State

FL

Zip Code

32804-5911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Associat-  
ion - Orlando

Occupation

Vice President, Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: 18977740

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bruce J. Rueben

Mailing Address 306 East College Avenue

City

Tallahassee

State

FL

Zip Code

32301-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Associat-  
ion

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: 18977741

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 62

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Kim Streit

Mailing Address 1317 Eastin Avenue

City

Orlando

State

FL

Zip Code

32804-6309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Associat-  
ion - Orlando

Occupation

VP, Health Research &amp; Information

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: 18977743

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Larry Walker

Mailing Address 4848 Hastings Drive

City

Lake Oswego

State

OR

Zip Code

97035-5745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Walker Company, The

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: 18977747

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Wilgis

Mailing Address 307 Park Lake Circle

City

Orlando

State

FL

Zip Code

32803-3923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Associat-  
ion

Occupation

Director, Emergency Mgmt. Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 4 |   | 2 | 0 | 1 | 1 |

Transaction ID: 18977749

Amount of Each Receipt this Period

1200.00

SUBTOTAL of Receipts This Page (optional) .....

2950.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Steve Altmiller

Mailing Address 830 South Gloster Street

City

Tupelo

State

MS

Zip Code

38801-4934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Mississippi Medical  
Center - Tup

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 1 1

Transaction ID: 18977803

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Chris Anderson

Mailing Address 2809 Denny Avenue

City

Pascagoula

State

MS

Zip Code

39581-5300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Singing River Health Syst-  
em

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 1 1

Transaction ID: 18977804

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Sam W. Cameron

Mailing Address 28 Waterford Place

City

Jackson

State

MS

Zip Code

39211-2945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mississippi Hospital Asso-  
ciation

Occupation

President &amp; Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 1 1

Transaction ID: 18977811

Amount of Each Receipt this Period

560.00

SUBTOTAL of Receipts This Page (optional) .....

1310.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 62

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Eddie L. Foster

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mississippi Hospital Asso-  
ciation

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 9 |   | 2 | 0 | 1 | 1 |

Transaction ID: 18977831

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Ginger E. Anspaugh, FHFMA

Mailing Address 4002 Sunhill Court

City

Woodstock

State

GA

Zip Code

30189-2561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Hospital Associat-  
ion

Occupation

Senior Vice President &amp; CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: 18978182

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Bloye

Mailing Address 2813 Bakers Bridge Drive

City

Douglasville

State

GA

Zip Code

30134-862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Hospital Associat-  
ion

Occupation

Vice President of Public Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

Transaction ID: 18978184

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional) .....

1125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert E. Bolden

Mailing Address 900 Powers Ferry Road  
Suite 104

City State Zip Code  
Marietta GA 30067-5774

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Georgia Hospital Associat-  
ion

Occupation  
Director of Fiscal Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: 18978185

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Denise Flook

Mailing Address 222 Jewelers Ridge

City State Zip Code  
Lilburn GA 30047-2912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Georgia Hospital Associat-  
ion

Occupation  
Director, Workforce Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: 18978186

Amount of Each Receipt this Period

180.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Danae Gambill

Mailing Address 1345 Towne Lake Hills S. Drive  
2000-402

City State Zip Code  
Woodstock GA 30189-5350

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Georgia Hospital Associat-  
ion

Occupation  
Director of Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: 18978188

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

930.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Andrew Goodwin

Mailing Address 1675 Terrell Mill Road

City

Marietta

State

GA

Zip Code

30067-8339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Hospital Associat-  
ion

Occupation  
CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: 18978189

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Lynn Hale

Mailing Address 2016 Harbor Forest Drive

City

Marietta

State

GA

Zip Code

30064-8378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Hospital Associat-  
ion

Occupation  
Assistant to the President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: 18978190

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Martha Harrell

Mailing Address 109 Springs Drive

City

Roswell

State

GA

Zip Code

30075-4825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Hospital Associat-  
ion

Occupation  
VP Educational Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: 18978191

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ethan James

Mailing Address 1675 Terrell Mill Road

City

Marietta

State

GA

Zip Code

30067-8339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Hospital Associat-  
ion

Occupation

Director of Grassroots and Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: 18978403

Amount of Each Receipt this Period

504.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kathryn McGowan

Mailing Address 4546 Windsor Oaks Ct.

City

Marietta

State

GA

Zip Code

30066-2241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Hospital Associat-  
ion

Occupation

Dir, Partnership for Health and Accoun

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: 18978406

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Vi B. Naylor

Mailing Address 190 Hunting Creek Drive

City

Marietta

State

GA

Zip Code

30068-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Hospital Associat-  
ion

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: 18978407

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1254.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Parker

Mailing Address 3497 Mill Bridge Drive

City

Marietta

State

GA

Zip Code

30062-5598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Hospital Associat-  
ion

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: 18978408

Amount of Each Receipt this Period

1200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Rhett C. Partin

Mailing Address Route 2 Box 3425

City

Nashville

State

GA

Zip Code

31639-9537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Hospital Associat-  
ion

Occupation

Executive Director, The Center for Rur

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: 18978409

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Glenn Pearson

Mailing Address 660 Crossfire Ridge

City

Marietta

State

GA

Zip Code

30064-1393

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Hospital Associat-  
ion

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: 18978410

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Joyce Reid

Mailing Address 1675 Terrell Mill Rd

City

Marietta

State

GA

Zip Code

30067-8339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Hospital Associat-  
ion

Occupation

Health and Accountability Specialist,

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: 18978412

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Earl Rogers

Mailing Address 1675 Terrell Mill Road

City

Marietta

State

GA

Zip Code

30067-8339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Hospital Associat-  
ion

Occupation

Senior VP, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: 18978413

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Temple Sellers

Mailing Address 1782 Briar Lake Circle

City

Decatur

State

GA

Zip Code

30033-1110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Hospital Associat-  
ion

Occupation

Vice President, Legal Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: 18978416

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Carie Summers

Mailing Address 1675 Terrell Mill Road

City

Marietta

State

GA

Zip Code

30067-8339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Hospital Associat-  
ion

Occupation

Vice President, Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: 18978419

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Karen Waters

Mailing Address 1569 Asheforde Drive

City

Marietta

State

GA

Zip Code

30068-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Hospital Associat-  
ion

Occupation

Vice President, Professional Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: 18978420

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alex R. White, Sr.

Mailing Address 6225 US Hwy 290 E

City

Austin

State

TX

Zip Code

78761-5587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

AHA Regional Executive for TX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: PR331416024886

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1120.00

**TOTAL** This Period (last page this line number only) .....

65006.51

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 62

(check only one)

|                              |                              |  |   |
|------------------------------|------------------------------|--|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c           | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input checked="" type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mentzer Media

Mailing Address 600 Fairmount Avenue  
Suite 306

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Towson | MD    | 21286    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1334.52

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 3 |   | 2 | 0 | 1 | 1 |

Transaction ID: 18920864

Amount of Each Receipt this Period

1334.52

Refund from Media Buy

SUBTOTAL of Receipts This Page (optional) .....

1334.52

TOTAL This Period (last page this line number only) .....

1334.52

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 62

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City

Rensselaer

State

NY

Zip Code

12144

FEC ID number of contributing  
federal political committee.

**C**

C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 1 1

Transaction ID: 18925236

Amount of Each Receipt this Period

25000.00

**B.**

Full Name (Last, First, Middle Initial)

Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

Mailing Address Post Office Box 8600

City

Harrisburg

State

PA

Zip Code

17105-8600

FEC ID number of contributing  
federal political committee.

**C**

C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 5 / 2 0 1 1

Transaction ID: 18962581

Amount of Each Receipt this Period

10000.00

**SUBTOTAL** of Receipts This Page (optional) .....

35000.00

**TOTAL** This Period (last page this line number only) .....

35000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 / 62

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>LEGPAC<br>Mailing Address 38 Ivy Street, SE  | <b>Transaction ID:</b> 18907411<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 1 1</div> </div>   |
| City Washington State DC Zip Code 20003<br>Purpose of Disbursement 2011 Contribution<br>Candidate Name LEGPAC<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | <b>Amount of Each Disbursement this Period</b><br><div>2500.00</div><br>2011 Contribution  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Nelson 2012<br>Mailing Address PO Box 8666<br>City Omaha State NE Zip Code 68108<br>Purpose of Disbursement Contribution<br>Candidate Name Sen. Ben Nelson<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NE District:<br>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              | <b>Transaction ID:</b> 18907412<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 1 1</div> </div><br><b>Amount of Each Disbursement this Period</b><br><div>1000.00</div><br>Contribution |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Citizens For Harkin<br>Mailing Address P O Box 811<br>City Des Moines State IA Zip Code 50304<br>Purpose of Disbursement Contribution<br>Candidate Name Sen. Tom Harkin<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IA District:<br>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 18907413<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 1 1</div> </div><br><b>Amount of Each Disbursement this Period</b><br><div>2500.00</div><br>Contribution |

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Friends Of Sherrod Brown<br>Mailing Address PO Box 76187  | <b>Transaction ID:</b> 18907414<br><b>Date of Disbursement</b><br><div> <div>02</div> <div>02</div> <div>2011</div> </div>  |
| City Washington State DC Zip Code 20013<br>Purpose of Disbursement Contribution<br>Candidate Name Sen. Sherrod Brown<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: OH District:  | <b>Amount of Each Disbursement this Period</b><br><div>1000.00</div><br><b>Contribution</b>   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Cummings for Congress<br>Mailing Address PO Box 1631<br>City Baltimore State MD Zip Code 21203<br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Elijah E. Cummings<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: MD District: 07 | <b>Transaction ID:</b> 18907415<br><b>Date of Disbursement</b><br><div> <div>02</div> <div>02</div> <div>2011</div> </div><br><b>Amount of Each Disbursement this Period</b><br><div>1000.00</div><br><b>Contribution</b> |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Montanans For Tester<br>Mailing Address PO Box 1135<br>City Helena State MT Zip Code 59624<br>Purpose of Disbursement Contribution<br>Candidate Name Sen. Jon Tester<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: MT District:                | <b>Transaction ID:</b> 18907416<br><b>Date of Disbursement</b><br><div> <div>02</div> <div>02</div> <div>2011</div> </div><br><b>Amount of Each Disbursement this Period</b><br><div>2500.00</div><br><b>Contribution</b> |

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Rehberg For Congress   | <b>Transaction ID:</b> 18907417<br><b>Date of Disbursement</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 1597   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 |  | 0 | 2 |  | 2 | 0 | 1 | 1 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 2   |         | 0 | 2 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Helena State MT Zip Code 59624   | Amount of Each Disbursement this Period   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Contribution  | <table border="1"> <tr> <td>2500.00</td> </tr> </table>   | 2500.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2500.00   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name Rep. Dennis R. Rehberg   | <table border="1"> <tr> <td>011</td> </tr> </table> Category/<br>Type   | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 011   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MT District: 01 | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Contribution  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Cantor For Congress  | <b>Transaction ID:</b> 18907418<br><b>Date of Disbursement</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P. O. Box 17813   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 |  | 0 | 2 |  | 2 | 0 | 1 | 1 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 2   |         | 0 | 2 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Richmond State VA Zip Code 23226   | Amount of Each Disbursement this Period   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Contribution  | <table border="1"> <tr> <td>1000.00</td> </tr> </table>   | 1000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1000.00   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name Rep. Eric I. Cantor  | <table border="1"> <tr> <td>011</td> </tr> </table> Category/<br>Type   | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
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| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: VA District: 07 | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Contribution  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Larry Kissell For Congress   | <b>Transaction ID:</b> 18907419<br><b>Date of Disbursement</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 1530   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 |  | 0 | 2 |  | 2 | 0 | 1 | 1 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 2   |         | 0 | 2 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Biscoe State NC Zip Code 27209   | Amount of Each Disbursement this Period   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Contribution  | <table border="1"> <tr> <td>1000.00</td> </tr> </table>   | 1000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1000.00   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name Rep. Larry Kissell   | <table border="1"> <tr> <td>011</td> </tr> </table> Category/<br>Type   | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 011   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NC District: 08 | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Contribution  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|   |   |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|---------|-------------------|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Committe To Re-Elect Ed Towns   | <b>Transaction ID:</b> 18926155<br><b>Date of Disbursement</b>  |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 438 Lewis Avenue  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M                 | / | D | D | / | Y | Y | Y | Y | 0 | 2 |  | 1 | 7 |  | 2 | 0 | 1 | 1 |
| M   | M   | /       | D                 | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 2   |         | 1                 | 7 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Brooklyn State NY Zip Code 11233   | Amount of Each Disbursement this Period   |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Contribution  | <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>  | 1000.00 |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1000.00   |   |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name Rep. Edolphus Towns  | <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/<br/>Type</td> </tr> </table>  | 011     | Category/<br>Type |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 011   |   |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Category/<br>Type   |   |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 10 | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Contribution  |   |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Heller For Congress   | <b>Transaction ID:</b> 18926156<br><b>Date of Disbursement</b>  |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 531086   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M                 | / | D | D | / | Y | Y | Y | Y | 0 | 2 |  | 1 | 7 |  | 2 | 0 | 1 | 1 |
| M   | M   | /       | D                 | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 2   |         | 1                 | 7 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Henderson State NV Zip Code 89053  | Amount of Each Disbursement this Period   |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Contribution  | <table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>  | 4000.00 |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 4000.00   |   |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name Rep. Dean Heller   | <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/<br/>Type</td> </tr> </table>  | 011     | Category/<br>Type |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
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| Category/<br>Type   |   |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NV District: 02 | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Contribution  |   |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Democrats Win Seats PAC   | <b>Transaction ID:</b> 18926157<br><b>Date of Disbursement</b>  |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1071 Turin Branch Lane  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M                 | / | D | D | / | Y | Y | Y | Y | 0 | 2 |  | 1 | 7 |  | 2 | 0 | 1 | 1 |
| M   | M   | /       | D                 | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 2   |         | 1                 | 7 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Weston State FL Zip Code 33326   | Amount of Each Disbursement this Period   |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement 2011 Contribution   | <table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>  | 5000.00 |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 5000.00   |   |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name Democrats Win Seats PAC  | <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/<br/>Type</td> </tr> </table>  | 011     | Category/<br>Type |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
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| Category/<br>Type   |   |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:                  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2011 Contribution   |   |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

SUBTOTAL of Disbursements This Page (optional) .....

10000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>McCaskill For Missouri<br>Mailing Address PO Box 6771  | <b>Transaction ID:</b> 18926158<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 1 1</div> </div>   |
| City State Zip Code<br>St Louis MO 63144<br>Purpose of Disbursement<br>Contribution<br>Candidate Name<br>Sen. Claire McCaskill<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼<br>State: MO District:   | <b>Amount of Each Disbursement this Period</b><br><div>1000.00</div><br><b>Contribution</b>  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>GOP Generation Y Fund<br>Mailing Address PO Box 10555<br>City State Zip Code<br>Peoria IL 61612<br>Purpose of Disbursement<br>2011 Contribution<br>Candidate Name<br>GOP Generation Y Fund<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼<br>State: District:                                 | <b>Transaction ID:</b> 18926159<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 2 / 2 0 1 1</div> </div><br><b>Amount of Each Disbursement this Period</b><br><div>5000.00</div><br><b>2011 Contribution</b> |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Feinstein For Senate<br>Mailing Address 1212 S Victory Blvd<br>City State Zip Code<br>Burbank CA 91502<br>Purpose of Disbursement<br>Contribution<br>Candidate Name<br>Sen. Dianne Feinstein<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼<br>State: CA District: | <b>Transaction ID:</b> 18926160<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 2 / 2 0 1 1</div> </div><br><b>Amount of Each Disbursement this Period</b><br><div>2000.00</div><br><b>Contribution</b>      |

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Pete King For Congress Committee

Mailing Address Post Office Box 1428

City  
SeafordState  
NYZip Code  
11783Purpose of Disbursement  
ContributionCandidate Name  
Rep. Peter T. King011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 03

Transaction ID: 18926161

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 2 |   | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Texans For Lamar Smith

Mailing Address PO Box 6155

City  
San AntonioState  
TXZip Code  
78209Purpose of Disbursement  
ContributionCandidate Name  
Rep. Lamar S. Smith011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 21

Transaction ID: 18926162

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 2 |   | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

2000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Tuesday Group PAC

Mailing Address PO Box 40385

City  
WashingtonState  
DCZip Code  
20016Purpose of Disbursement  
2011 ContributionCandidate Name  
Tuesday Group PAC011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 18926163

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

1500.00

2011 Contribution

SUBTOTAL of Disbursements This Page (optional) .....

5500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>DANPAC   | <b>Transaction ID:</b> 18926164<br><b>Date of Disbursement</b>   |
| Mailing Address 1088 Bishop Street<br>Suite 1009   | <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 1 1</div> </div>   |
| City Honolulu State HI Zip Code 96813  | <b>Amount of Each Disbursement this Period</b>   |
| Purpose of Disbursement<br>2011 Contribution   | <div>5000.00</div>   |
| Candidate Name<br>DANPAC   | <div>011</div> <div>Category/Type</div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>2011 Contribution |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>The Freedom Project  | <b>Transaction ID:</b> 18926165<br><b>Date of Disbursement</b>   |
| Mailing Address 111 C Street SE<br>Lower Unit  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 1 1</div> </div>   |
| City Washington State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>   |
| Purpose of Disbursement<br>2011 Contribution   | <div>5000.00</div>   |
| Candidate Name<br>The Freedom Project  | <div>011</div> <div>Category/Type</div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>2011 Contribution |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Victory Now!   | <b>Transaction ID:</b> 18926166<br><b>Date of Disbursement</b>   |
| Mailing Address 10605 Concord Street<br>Suite 202  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 1 1</div> </div>   |
| City Kensington State MD Zip Code 20895  | <b>Amount of Each Disbursement this Period</b>   |
| Purpose of Disbursement<br>2011 Contribution   | <div>1000.00</div>   |
| Candidate Name<br>Victory Now!   | <div>011</div> <div>Category/Type</div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>2011 Contribution |

**SUBTOTAL** of Disbursements This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Arkansas for Leadership PAC

Mailing Address PO Box 1672

City  
AlexandriaState  
VAZip Code  
22313Purpose of Disbursement  
2011 ContributionCandidate Name  
Arkansas for Leadership PAC011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 18926167

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

1000.00

2011 Contribution

**B.**

Full Name (Last, First, Middle Initial)

PETEPAC: People for Enterprise Trade &amp; Econ Growth

Mailing Address 3686 King Street  
#146City  
AlexandriaState  
VAZip Code  
22302Purpose of Disbursement  
2011 ContributionCandidate Name  
PETEPAC: People for Enterprise Trade & Econ Growth011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 18926168

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

5000.00

2011 Contribution

**C.**

Full Name (Last, First, Middle Initial)

Bob Corker For Senate

Mailing Address 518 Georgia Ave 2nd Floor

City  
ChatanoogaState  
TNZip Code  
37403Purpose of Disbursement  
ContributionCandidate Name  
Sen. Robert Corker011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District:

Transaction ID: 18926169

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

8000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Friends Of John Barrasso

Mailing Address PO Box 52008

City  
Casper

State  
WY

Zip Code  
82605

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. John A. Barrasso, MD

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WY District:

Transaction ID: 18926170

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Congressman Bill Young Campaign Committee

Mailing Address P. O. Box 47025

City  
St. Petersburg

State  
FL

Zip Code  
33743

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. C.W. Bill Young

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 10

Transaction ID: 18926171

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Simpson For Congress

Mailing Address 1487 Parkway Drive

City  
Blackfoot

State  
ID

Zip Code  
83221

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Michael K. Simpson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ID District: 02

Transaction ID: 18926172

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Culberson For Congress

Mailing Address P.O. Box 41964

City  
Houston

State  
TX

Zip Code  
77241

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John Abney Culberson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 07

Transaction ID: 18926173

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Graves For Congress

Mailing Address 2345 Grand, Suite 2400

City  
Kansas City

State  
MO

Zip Code  
64108

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Samuel B. Graves, Jr.

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 06

Transaction ID: 18926174

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City  
Sarasota

State  
FL

Zip Code  
34230

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Vern Buchanan

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 13

Transaction ID: 18926175

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|   |  |
|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Jeff Duncan For Congress   | <b>Transaction ID:</b> 18926176<br><b>Date of Disbursement</b>   |
| Mailing Address PO Box 732  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 1 1</div> </div>   |
| City Clinton State SC Zip Code 29325  | <b>Amount of Each Disbursement this Period</b>   |
| Purpose of Disbursement Contribution  | <div>1000.00</div>   |
| Candidate Name Rep. Jeff Duncan   | <div>011</div> <div>Category/Type</div>  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: SC District: 03 | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Contribution  |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Steve Israel For Congress Committee  | <b>Transaction ID:</b> 18926177<br><b>Date of Disbursement</b>   |
| Mailing Address PO Box 777  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 1 1</div> </div>   |
| City Deer Park State NY Zip Code 11729  | <b>Amount of Each Disbursement this Period</b>   |
| Purpose of Disbursement Contribution  | <div>1000.00</div>   |
| Candidate Name Rep. Steve J. Israel   | <div>011</div> <div>Category/Type</div>  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 02 | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Contribution  |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Tiberi For Congress  | <b>Transaction ID:</b> 18926178<br><b>Date of Disbursement</b>   |
| Mailing Address 2931 E Dublin Granville Road Suite 190  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 1 1</div> </div>   |
| City Columbus State OH Zip Code 43231   | <b>Amount of Each Disbursement this Period</b>   |
| Purpose of Disbursement Contribution  | <div>1000.00</div>   |
| Candidate Name Rep. Patrick J. Tiberi   | <div>011</div> <div>Category/Type</div>  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: 12 | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Contribution  |  |

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Marsha Blackburn For Congress Inc.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Marsha Blackburn

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TN District: 07

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

**Transaction ID:** 18926179

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Friends Of John Boehner

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John A. Boehner

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 08

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

**Transaction ID:** 18926180

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Friends Of Dave Reichert

Mailing Address P. O. Box 53322

City Bellevue State WA Zip Code 98015

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. David George Reichert

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WA District: 08

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼  
2010 General Debt Re

011  
Category/  
Type

**Transaction ID:** 18926181

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mike Ross For Congress Committee

Mailing Address PO Box 360

City State Zip Code  
Prescott AR 71857

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Michael Avery Ross

Office Sought: ☒ House  
☐ Senate  
☐ President

State: AR District: 04

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

**Transaction ID:** 18926182

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Roskam For Congress Committee

Mailing Address P. O. Box 713

City State Zip Code  
Wheaton IL 60187

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Peter Roskam

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IL District: 06

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

**Transaction ID:** 18926183

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

2500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Stivers For Congress

Mailing Address 4679 Winterset Drive

City State Zip Code  
Columbus OH 43220

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Steve Stivers

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 15

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

**Transaction ID:** 18926184

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

|   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Charles Boustany Jr. Md For Congress, Inc.   | <b>Transaction ID:</b> 18926185<br><b>Date of Disbursement</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 80126  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 |  | 1 | 0 |  | 2 | 0 | 1 | 1 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 2   |         | 1 | 0 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Lafayette State LA Zip Code 70598  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Contribution  | <table border="1"> <tr> <td>1000.00</td> </tr> </table>   | 1000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1000.00   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name Rep. Charles W. Boustany, Jr.  | <table border="1"> <tr> <td>011</td> </tr> </table> Category/<br>Type   | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 011   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: LA District: 07 | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Contribution  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Sherman For Congress   | <b>Transaction ID:</b> 18926186<br><b>Date of Disbursement</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 555 So. Flower St. Suite 4210   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 |  | 1 | 0 |  | 2 | 0 | 1 | 1 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 2   |         | 1 | 0 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Los Angeles State CA Zip Code 90071  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Contribution  | <table border="1"> <tr> <td>2000.00</td> </tr> </table>   | 2000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2000.00   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name Rep. Brad Sherman  | <table border="1"> <tr> <td>011</td> </tr> </table> Category/<br>Type   | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 011   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 27 | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Contribution  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Lynn Jenkins For Congress  | <b>Transaction ID:</b> 18926187<br><b>Date of Disbursement</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P.O. Box 1441   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 |  | 1 | 0 |  | 2 | 0 | 1 | 1 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 2   |         | 1 | 0 |   | 2 | 0 | 1 | 1 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Topeka State KS Zip Code 66601   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Contribution  | <table border="1"> <tr> <td>2500.00</td> </tr> </table>   | 2500.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2500.00   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name Rep. Lynn Jenkins  | <table border="1"> <tr> <td>011</td> </tr> </table> Category/<br>Type   | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 011   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: KS District: 02 | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Contribution  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Citizens For Altmire

Mailing Address P.O. Box 1776

City  
FreedomState  
PAZip Code  
15042Purpose of Disbursement  
ContributionCandidate Name  
Rep. Jason Altmire011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: 18926188

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 0 |   | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

3000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Wasserman-Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City  
WestonState  
FLZip Code  
33326Purpose of Disbursement  
ContributionCandidate Name  
Rep. Debbie Wasserman-Schultz011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 20

Transaction ID: 18978447

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 7 |   | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

8000.00

TOTAL This Period (last page this line number only) .....

92500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Merchant Bankcard

Mailing Address 1601 Elm Street

City  
Dallas

State  
TX

Zip Code  
75201

Purpose of Disbursement  
Merchant Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 18974739

Date of Disbursement

02 / 03 / 2011

Amount of Each Disbursement this Period

171.58

Merchant Fees

**B.**

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Bank Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 18974746

Date of Disbursement

02 / 18 / 2011

Amount of Each Disbursement this Period

2.94

Bank Fee

**SUBTOTAL** of Disbursements This Page (optional) .....

174.52

**TOTAL** This Period (last page this line number only) .....

174.52